



The City of Lynchburg, Virginia

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PARKS AND RECREATION
DEPARTMENT

**ATTACHMENT 1
LYNCHBURG COMMUNITY MARKET
APPLICATION FOR STALL RENTAL TO SELL
PRODUCE, FARM PRODUCTS, HOMEMADE FOOD GOODS,**

I hereby apply to sell at the Lynchburg Community Market.

Primary Seller _____

Other People Authorized To Sell Your Produce, Farm Products,
Homemade Food Goods at Your Stall

Business Name _____
(If applicable)

Mailing Address _____

Phone # (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

Business License # _____ State Tax # _____

Agriculture Inspection Report # (* We require baked goods to be made in an inspected kitchen)

1. Please check appropriate product category: () Locally Grown Produce
() Certified Virginia Grown () USDA Organic () Re-Sell Produce
() Home-Baked Goods () Home- Produced Goods () Flowers/Plants

2. Please give a detailed description of the product(s) you propose to sell, price list (Please attach), your target market and how your business will compliment the LCM market mix:

3. I currently sell at these locations (Circle and provide details)

On Farm/At Home/
Farm Stand _____

Other Public Markets: _____

Retail Outlets: _____

Fairs, Festivals _____

Other _____

4. If your product requires any special use of a booth space or additional needs to house your products, please describe: _____

5. I have previously been granted a permit to sell at the Lynchburg Community Market:
() Yes () No

If "Yes", give approximate date:

6. I would like to vend the following days. () Mon. () Tues. () Wed. (**See item 7**)
() Thurs. () Fri. () Sat. . I understand that if I choose to vend on Saturday's only I will pay a Saturday day rate and will be considered a day vendor. I also understand that priority is given to vendors who commit to vending two or more days per week and that this is the only way I may qualify for a monthly vending rate.

7. I understand that if I wish to vend on **Green Market Wednesdays** that I must sell only items I grow, bake or make. Produce should fall under the following categories (mark the ones that apply)

() USDA Organic () Grown using Organic Methods () Spray Free, () Limited Spray
() baked goods using hand milled flours, () baked goods using organic flours
() other _____

8. I understand that the Market is open six days a week from 7am until 2pm and I will strive to provide enough products to remain open until 2pm on the days I am here.

9. I have read and agree to abide by all policies of the LCM as stated in the LCM Handbook. I certify that all the information contained in this application is true and correct and that supplying false or misleading information is grounds for the termination of the applicant's lease.

Applicant Name (Please print legibly) _____

Applicant Signature _____

Date of Application _____

Market Manager Signature _____

Date Received by the LCM Manager _____